

U.S. Department of Justice
United States Marshals Service

Case 3:16-cv-02474-RPC-JVW Document 1-1

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

| | |
|--|---|
| PLAINTIFF <u>Rudre Lorenzano</u> | COURT CASE NUMBER |
| DEFENDANT <u>Michael Gomes, PA-C</u> | TYPE OF PROCESS |
| SERVE ➔ | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Michael Gomes, PA-C</u> |
| AT | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1100 Pike Street, Huntington P.A. 16654</u> |
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: | |
| <u>Michael Gomes - P.A.-C</u> <u>1100 Pike Street</u> <u>Huntington P.A. 16654</u> | |
| Number of process to be served with this Form - 285 <u>1</u> | |
| Number of parties to be served in this case <u>2</u> | |
| Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

12/14/16

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|---------------------------------|--------------------------------|--|------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk | Date |
|---|---------------|---------------------------------|--------------------------------|--|------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service _____ Time _____ am
pm

Signature of U.S. Marshal or Deputy

| | | | | | | |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS:

U.S. Department of Justice
United States Marshals Service

Case 3:16-cv-02474-RPC-JVW Document 1-2 Filed 12/15/16 Page 2 of 4

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

| | |
|-------------------------------------|-------------------|
| PLAINTIFF <u>Rudre Lorenzano</u> | COURT CASE NUMBER |
| DEFENDANT <u>Kevin Kollmn</u> | TYPE OF PROCESS |

| | |
|------------------------------------|--|
| SERVE ➡ AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>Kevin Kollmn</u> |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>1100 Pike Street, Huntington PA 16654</u> |

| | | |
|---|---|----------|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <u>Kevin Kollmn</u> <u>1100 Pike Street</u> <u>Huntington PA 16654</u> | Number of process to be served with this Form - 285 | <u>1</u> |
| | Number of parties to be served in this case | <u>2</u> |
| | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):
Fold

Fold

| | | | |
|--|---|------------------|-------------------------|
| Signature of Attorney or other Originator requesting service on behalf of: <u>Rudre Lorenzano</u> | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER | DATE <u>12/10/16</u> |
|--|---|------------------|-------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
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| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk | Date |
|---|---------------|---------------------------------|--------------------------------|--|------|

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☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

| | | | |
|--|---|-------------------------------------|------|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. | | |
| Address (complete only if different than shown above) | | Date of Service | Time |
| | | Signature of U.S. Marshal or Deputy | |

| | | | | | | |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS:

Telephone number

UNITED STATES DISTRICT COURT

for the

Andre LORENZANO

Plaintiff

v.

KEVIN KOLLMAN, et al

Defendant

Civil Action No.

NOTICE OF A LAWSUIT AND REQUEST TO WAIVE SERVICE OF A SUMMONS

To: KEVIN KOLLMAN, et al, medical Director

(Name of the defendant or - if the defendant is a corporation, partnership, or association - an officer or agent authorized to receive service)

Why are you getting this?

A lawsuit has been filed against you, or the entity you represent, in this court under the number shown above. A copy of the complaint is attached.

This is not a summons, or an official notice from the court. It is a request that, to avoid expenses, you waive formal service of a summons by signing and returning the enclosed waiver. To avoid these expenses, you must return the signed waiver within ____ days (give at least 30 days, or at least 60 days if the defendant is outside any judicial district of the United States) from the date shown below, which is the date this notice was sent. Two copies of the waiver form are enclosed, along with a stamped, self-addressed envelope or other prepaid means for returning one copy. You may keep the other copy.

What happens next?

If you return the signed waiver, I will file it with the court. The action will then proceed as if you had been served on the date the waiver is filed, but no summons will be served on you and you will have 60 days from the date this notice is sent (see the date below) to answer the complaint (or 90 days if this notice is sent to you outside any judicial district of the United States).

If you do not return the signed waiver within the time indicated, I will arrange to have the summons and complaint served on you. And I will ask the court to require you, or the entity you represent, to pay the expenses of making service.

Please read the enclosed statement about the duty to avoid unnecessary expenses.

I certify that this request is being sent to you on the date below

Date:

12/10/16


Signature of the attorney or unrepresented party

Andre LORENZANO

Printed name

1100 PIKE ST HUNTINGDON PA 16654

Address

E-mail address

Telephone number